



ST. MICHAEL CATHOLIC CHURCH

Ministry Request Form

Name of Ministry _____ Acronym _____

Purpose / Mission Statement

Leader Name _____ Parishioner of SMCC Yes _____ No _____

Will you have elected officers? Yes _____ No _____ If yes, list positions of elected officers below.

How often do you need to meet? _____

What rooms will you need? _____

Programs

What events or activities are you planning in your ministry?

Is your ministry willing to work a booth at Feast Day (last Saturday in September)? Yes _____ No _____

If yes, do you have a booth preference? _____

Will you have guest speakers? Yes _____ No _____

(If yes, follow Diocesan guidelines before scheduling)

Financial

Will you collect dues? Yes _____ No _____ Will you handle money? Yes _____ No _____

If yes, explain:

Safe Environment

Are children or youth involved with your ministry? Yes _____ No _____ If yes, how?

Will your ministry do any carpool driving of youth, parents, volunteers, etc. to events or activities, including gathering here and then driving to your planned event or meeting? Yes ____ No ____

Administration

Does your ministry need access to the copy machine? Yes ____ No ____

Other needs?

I am requesting permission for _____ to operate and function as an approved Ministry of St. Michael Catholic Church.

We commit to keeping the parish updated when the information we submitted changes.

As an officer and/or representative of the requesting Ministry, I understand that I am in Full Communion with the Catholic Church, and will comply with all applicable Diocesan/Parish polices and requirements, including the Safe Environment program, Cash Collection & Receipts, Facility Use Guidelines, Credit Checks and Driving Record Checks, etc. where required.

Ministry Leader Printed Name _____ Date _____

Ministry Leader Signature _____

Contact Information Phone _____ Email _____

Parish Review:

Parish Approval:

Business Manager _____

Pastor: _____